

EFFECTIVENESS OF ADOLESCENT RELATIONSHIP
AND SEXUALITY PROGRAM IN MODIFYING LEVEL
OF ASSERTIVENESS, GLOBAL, SOCIAL AND
BODY SELF-ESTEEM IN GRADE NINE STUDENTS

CENTRE FOR NEWFOUNDLAND STUDIES

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CINDY C. PARLEE



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IN MODIFYING LEVEL OF ASSERTIVENESS,
GLOBAL, SOCIAL AND BODY SELF-ESTEEM
IN GRADE NINE STUDENTS

by

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ABSTRACT

Self-esteem has been considered as central to the social, psychological and academic development of adolescents. Recently, several grade 9 classes in schools in St. John's and surrounding areas have implemented a program which focuses on improving various aspects of self-esteem. Entitled 'Adolescence: Relationships and Sexuality', this program was designed to introduce and explore issues such as communication, self-concept, human sexuality and interpersonal relationships. The purpose of this study was to determine whether or not the implementation of this program does aid in increasing social and body self-esteem, assertiveness skills, and self-acceptance in grade 9 students as compared to a control group of students who were taking the standard program entitled 'Reverence For Life and Family'.

Results reveal significant group by initial score interactions for measures of self-acceptance, and social self-esteem ($p < .05$ and $p < .02$, respectively). This indicates that relative to scores obtained from subjects in the control group, experimental subjects with high initial scores increased at post-test, whereas those with low initial scores decreased relatively at post-test. A group by sex by initial score three-way interaction ($p < .02$) was obtained on the measure of body self-esteem. This reveals an average decrease in body self-esteem for both control and experimental groups, the effect being greatest for high initial scorers and particularly for female subjects in the control group; low initial scorers did not show decreased scores, the female control group subjects who were initially low on body self-esteem actually showed increased scores. No significant findings were obtained on the measure of assertiveness.

Explanations such as lack of preparatory skills necessary to benefit from such a program, mode with which the program was offered, the length of the program, and the level of open discussion of issues involved in the program have been offered to account for the findings. However, although the interactions were significant, they account for less than 3% of the variance in self-esteem scores. This indicates that adolescent self-acceptance, social and body self-esteem are not greatly affected by the program examined in this study. Although the program may result in significant modifications that were not measured in this study, it appears as though modification of adolescent self-esteem may require more intensive development of conceptual skills training that is extended over a longer period of time.

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The reputation you have with yourself,
your self-esteem,
is the single most important factor
for a fulfilling life.
Branden (1983, backcover)

Many changes are occurring in today's society which alter the quality of development, growth and maturity of adolescents. These changes include increased availability of illegal drugs, increased incidence and prevalence of divorce and single parenthood, mental, physical and sexual child abuse, increased emphasis on superficial beauty portrayed through the media, adolescent depression and suicide, to name only a few. Adolescents remain the target of these unfortunate circumstances because of their vulnerability during this delicate time of life. Bednar, Wells and Peterson (1989) observe that it is during this stage of life that adolescents are faced with many decisions and difficult situations with which they are frequently ill-prepared to deal effectively. The purpose of this study is to examine factors which may provide adolescents with an increased preparedness to deal with probable and inevitable difficult situations in life. More specifically, a program entitled: 'Adolescence: Relationships and Sexuality', which focuses on the integration of social skills, awareness of self, human sexuality, and

interpersonal relationships, will be examined to determine the extent to which the program improves students' experience of global, social, and body self-esteem, and their assertiveness skills.

Social and psychological problems experienced by adolescents in today's society are caused by many factors, however, researchers have found that there exists a psychological component that is common to most emotional and behavioral problems experienced by adolescents. This component is self-esteem. Although self-esteem is complex and ill-defined, it is seen to be central to many of our attempts to explain much of human behaviour. Bednar, Wells and Peterson (1989), for example, claim that low self-esteem is associated with virtually all types of emotional and behavioral problems. According to Mecca, Smelser and Vasconcello (1989) self-esteem is one of the most central and elusive factors in explaining and understanding problems encountered by adolescents. Domino and Blumberg (1987) claim that the concept of self-esteem is a central one in the psychology of children and adolescents. To provide a clearer understanding of the role of self-esteem in adolescence a review of the nature of self-esteem, its development, measurement and enhancement follows.

Nature of Self-Esteem

Throughout the past century the concept of self-esteem has been examined to a considerable degree in adult as well as adolescent literature. In the process of examining the literature it became immediately obvious that a number of conceptual difficulties exist that make obtaining a clear and concise definition and understanding of the concept of self-esteem very difficult. These difficulties have been summed up very well by Demo (1985) who suggests that the operationalization and conceptualization of self-esteem has been both haphazard and inconclusive. He states that there exists little consensus on a definition, there is a diverse range of measurement procedures and quite often there are weak and nonexistent correlations among indicators. He concludes by stating that various findings relating to self-esteem are not comparable.

Although various researchers and theorists frequently accede to the previously outlined overview of the state of self-esteem literature, indepth examination of that literature reveals consistencies. A primary example of these consistencies is the analysis of self-esteem in terms of components. Many researchers provide an understanding of self-esteem in terms of the components of self-concept and self-esteem.

Self-concept and self-esteem. According to social learning theorists and other researchers (i.e. Beane & Lipka, 1980; Burns, 1979; Calhoun & Morse, 1977; Coopersmith, 1967; Mecca, Smelser & Vasconcellos, 1989; Pope, McHale & Craighead, 1988) the self-concept represents perceptions one holds of oneself in terms of personality attributes, characteristics, qualities and skills. Self-concept has also been labelled as the 'basic self' (Burns, 1979), the 'cognitive self' (Mecca, Smelser & Vasconcellos, 1989), and the 'perceived self' (Pope, McHale & Craighead, 1988). Self-esteem, on the other hand, is reflective of a discrepancy between the self-concept (perceived self) and the 'ideal self' (Bandura, 1969; Burns, 1979; Pope, McHale & Craighead, 1988). The 'ideal self' represents a sincere desire to possess certain attributes which form an image of a person the individual aspires to be. Therefore, if a substantial discrepancy exists between one's self-concept or perceived self and the ideal self, low self-esteem would result. If a diminutive discrepancy exists one would experience positive or high self-esteem.

Similarly, proponents of the social learning view (e.g., Bandura, 1977) consider self-esteem as the result of discrepancies between an individual's behaviour and the standards s/he has selected as indices of personal worth. In this theory, self-reinforcement and self-evaluation functions

assume a salient role. Self-concept reflects self-reinforcement and typically signifies an individual's tendency to consider different aspects of his or her behaviour negatively or positively. A negative self-concept is defined as a tendency to frequently evaluate oneself negatively whereas a positive self-concept is defined in terms of a high frequency of positively reinforcing oneself. The result of high standards has been described by Bandura (1969) who reports that many individuals who seek psychological intervention are behaviourally competent and do not experience devitalizing anxiety, yet often experience considerable personal distress due to excessively high standards of self-evaluation.

According to Social Learning theorists such as Pope, McHale and Craighead (1988) this evaluation or 'measuring up' of oneself occurs in various aspects of ones being. The aspects which appear to have considerable impact during the adolescent years are the social and the body physique. It is therefore, necessary to examine and assess self-esteem in these particular areas.

Social self-esteem. Social self-esteem encompasses one's feelings about oneself as an interpersonal companion to others. According to Pope, McHale and Craighead (1988) social self-esteem reflects a feeling of satisfaction or

dissatisfaction with one's interactions and relationships with others. Children and adolescents develop and maintain levels of social self-esteem based on how others (e.g., peers, parents and teachers) like him or her, value his or her ideas, and include him or her in their activities.

Adolescents who are lacking in the social skills which are necessary for adequate social interaction and functioning have a tendency to suffer from low social self-esteem. According to Schinke and Gilchrist (1984) youths who are lacking in social skill frequently make mistakes that disrupt or destroy their friendships. They also report that seventh and eighth graders overwhelmingly targeted social relationships as a source of their most serious problems.

Developmental changes during adolescence result in striking modifications in peer interactions. One change is the nature and meaning of friendships. The trend toward greater mutuality which began in childhood and continues in adolescence is fostered by new interpersonal needs (Damon, 1983). For example, the desire and need for close friends increases as adolescents turn to their peers for the support that was formerly offered by their parents. According to Rice (1978) adolescents become more aware of the importance of belonging to a group as their number of acquaintances broadens. These changes in the nature and meaning of

friendships during adolescence make the acquisition of social interaction skills crucial in the development and maintenance of positive social self-esteem.

The mechanisms involved in developing and maintaining positive social self-esteem include observational learning, reinforcement contingencies, social activity participation and cognitive-affective processes. The adequacy and type of relationships that will be developed by adolescents will be determined by exposure to socially skilled models, opportunities for social interaction practice, predictable and reinforcing outcomes for social initiatives, and cognitive, anticipatory and self-talk patterns (Kelly & Hansen, 1987). Training in communication, the formation, fostering, and termination of friendships, personal and other's rights and responsibilities, assertiveness, and self-awareness of feelings should assist in providing adolescents with the necessary foundation for effective social interaction, and in consequence, positive social self-esteem.

Worth mentioning in more detail is the value of assertiveness in effective social interaction and consequent self-esteem of adolescents. According to researchers (e.g., Lange & Jakubowski, 1976) training in assertiveness increases interpersonal competence, self-confidence, self-esteem and perceived self-control. According to Mecca, Smelser and

Vasconcellos (1989), training in assertiveness which includes identifying one's needs and desires, formulating realistic expectations of others and oneself, and developing and implementing plans to accomplish goals, assists in the enhancement of self-esteem. Therefore, training in assertiveness should be a component of any attempt to improve the overall social adjustment, therefore, self-esteem of adolescents.

Body self-esteem. According to Fisher and Cleveland (1968) body self-esteem is a construct that includes one's attitudes, evaluations and feelings about the body. It has been suggested that an individual's satisfaction with their physical appearances significantly correlates with overall or global self-esteem (Gray, 1977; Hsu, 1989; Lerner & Karabenich, 1974). While body self-esteem is correlated with overall self-esteem there is evidence for its distinctiveness. Mendelson and White (1985) found that body esteem and overall self-esteem were differentially affected in overweight boys and girls at particular ages. One of their findings revealed that overweight and normal children between the ages of 8.5-11.4 had similar self-esteem yet overweight children had lower body self-esteem than did normal weight children, thus, revealing that body self-esteem is a homogeneous measure which is independent of a measure of overall self-esteem.

Body self-esteem becomes a critical issue during adolescence as some of the adolescent's peer relationships grow sexual in nature. As a result of increased heterosexual interactions, one's physical appearance becomes prominent in aspects of the self that are important. The development of body self-esteem appears to be differentially significant for males and females. It has been well documented that adolescent girls appear to be more self-conscious and insecure about their physical selves than boys (Mendelson & White, 1985; McGuire & McGuire, 1982). In a study conducted by Rosenbaum (1979), adolescent females expressed an awareness of the great value society places on physical attractiveness in women and revealed a very differentiated view of their own bodies and appraised its various components in a very critical manner. In addition, Lerner (1969) claims that, in females more than in males, physical attractiveness is related to how an individual is evaluated by her peers, her own personal prestige, and the quality of her peer relationships.

This issue should not be taken lightly. Teri (1982) reports that female adolescents revealed a tendency to exhibit high levels of depression which is inclined to be associated with poor body and self-image. Females, according to Dowling (1981), are socialized into believing that physical attractiveness and overall appearance are their main asset and

represent their value as a person. Because female adolescents are generally dissatisfied with their physical appearance, efforts to teach and encourage them to integrate a more appropriate value system would assist in enhancing rather than diminishing self-esteem. Research reveals that females who are prepared or have been made aware of the physical and psychological meaning of the pubertal processes report less negative experiences at the time of physical maturation than do those who were unprepared (Koff, Rierdan & Shienhold, 1982). Based on this finding knowledge about the processes of physical maturation assists in developing and maintaining a positive image about the self, therefore, positive self-esteem.

In summary, the nature of self-esteem may be conceptualized as the degree of discrepancy between the perceived self (view of one's characteristics qualities and skills) and the ideal self, the image of the person one aspires to be. According to social learning theorists one's ideal self is formed by observation of models (i.e., parents and significant others). High or low self-esteem is obtained via frequent positive and negative self-reinforcement, respectively. The evaluation of the self occurs not only on a global basis, but also in various domains or areas of life such as social functioning and the physical aspect of the

self. The more prepared an adolescent is to deal with social functioning and changing perceptions of body image and one's physical self the less is the negative impact on one's self-esteem. But, how does one become prepared? What factors are crucial in the development and maintenance of positive or negative self-esteem? It is important to assess these factors to gain a clearer understanding of how one's self-esteem emerges.

Development of Self-Esteem

From preschool to adolescent years there are dramatic changes in the way children see themselves. Children are generally unable to think in abstract terms in a way sufficient to form a conceptualization of the self. Flavell (1985), following Erikson (1968), states it is not until adolescence that one becomes truly 'self-conscious' with a capacity for self-reflection to examine oneself and thereby choose to alter behaviour. Therefore, parents and significant others' self-esteem must be translated into expressions, feelings and behaviours rather than verbally described, to accommodate the needs of the child (Pope, McHale & Craighead, 1988; Bednar, Wells & Peterson, 1989).

Rosenberg (1979) and Epstein (1973) posit that adolescents' self-esteem develops from a concrete to a more

abstract sense of the self. This would include perceptions of, initially, the bodily self and advance to the 'moral' or 'inner' self. As children mature they attend to increasingly more abstract personal qualities, progressing from describing their characters (honest and neat), emotional attributes, and control (happy, bad-tempered), to describing their interpersonal traits (shy, friendly), and, finally, their psychological makeups (values, attitudes and beliefs). Along this continuum, however, adolescents will progress at different rates and may develop cognitive abilities that affect self-concept at different times that do not correspond with the sequence described. It becomes crucial, therefore, to consider the stage of development of each adolescent to allow for optimal growth and maturation.

There exists controversy in the literature pertaining to whether or not self-esteem changes from childhood to adolescence, and, if so, whether in a positive or negative direction. McCarthy and Hoge (1982) conducted a longitudinal study that revealed that systematic increases in self-esteem occur throughout adolescence. Wallace, Cunningham and Del Monte (1984) examined indices of change and stability in self-esteem between late childhood and early adolescence. They administered the Coopersmith Self-esteem Inventory to 70 children at the approximate age of 9 then again at age 14.

Significant increases in general as well as specific components of self-esteem were found. Discrepant to the findings of this study are investigations pertaining to the differences in self-esteem of males and females during adolescence. Researchers have found that during adolescence a significant drop in self-esteem is frequently noticed in females (Hsu, 1989). It is well documented that female adolescents experience puberty in a different manner than do males. According to Marino and King (1980), during adolescence, females develop almost twice as much fat as boys. This increase of body fat is considered unappealing to girls who aspire to being thin according to ideals portrayed through the media. Adolescent males, on the other hand, experience a weight spurt which is predominantly the result of an increase in muscle and lean tissue (Tanner, 1978). A discrepancy between the self-esteem of adolescent males and females may be understood, therefore, because physical maturation brings males closer to the masculine ideal, whereas for many females it means development away from that which is currently considered appealing. It has, therefore, been substantiated that females experience self-esteem, and particularly body self-esteem, less favourably than do males during early adolescence.

Two conceptions of how one develops and maintains self-esteem are outlined in social learning and symbolic interactionist perspectives. These two contemporary understandings of the development and maintenance of adolescent self-esteem are prominent in the adolescent self-esteem literature.

Social learning theory.

Proponents of the social learning perspective outline two central concepts which are deemed to be important in the development of self-esteem: modelling and self-regulation. Modelling refers to the internalization of standards of self-reinforcement and evaluation which are exhibited by significant others. Those individuals who have been exposed to models who endorse lax standards of self-reinforcement are highly self-rewarding and self-approving for performances that are comparatively mediocre. Those who observed models favouring stringent performance demands revealed self-denial and self-dissatisfaction for accomplishments that were objectively identical (Mischel & Liebert, 1966). Self-regulation refers to the evaluation of one's performance relative to an internalized standard. If actions measure up to the internalized standard they will be positively self-reinforced, and if not, they will be punished. Children

learn, by observing their parents or significant others, to develop and integrate standards for subsequent positive reinforcement or punishment and to reinforce or punish their own behaviours based on these standards. As the child develops and matures into adolescence these internalized standards become reflective of the anticipatory self-satisfaction and self-criticisms for actions that deviate from, or correspond to, the standards adopted by parents and significant others. Self-esteem is developed and maintained based on whether or not actual behaviours are consistent with internalized standards of self-reinforcement which have been developed via the observation and modelling of parents' or significant others' own standards of self-reinforcement. If behaviours are consistent with internalized standards of self-reinforcement, high self-esteem will result and if they are not, low self-esteem will result.

Symbolic interaction theory.

According to the symbolic interaction perspective of self-esteem development, childhood and adolescent self-esteem is a function of the parents' reflected appraisals of the child's and adolescent's inherent worth via parental behaviours indicative of support and control (Becker, 1964; Coopersmith, 1967; Couch, 1958; Gecas, Caloncio & Thomas,

1974; Kemper, 1966; Lorr & Wunderlich, 1986; Openshaw, Rollins & Thomas, 1989). Children may develop high or low self-esteem by means of positive or negative reflected appraisals of parents as well as via self-attributions. The development of self-esteem begins with the attitudes of parents or significant others. These attitudes are reflected in parents' or significant others' support and control. Supportive attitudes include acceptance (Coopersmith, 1967), nurturance, warmth, approval (Backman, 1970), participation and interest (Rosenberg, 1965; Gecas, 1971). If these attitudes are expressed the child will interpret them as positive reflected appraisals of his or her actions and will thus incorporate feelings of being 'good', 'worthy' and 'virtuous' (Openshaw, Rollins & Thomas, 1984). Conversely, if support in the form of the previously outlined attitudes expressed through behaviours is poor within the parent-child relationship, negative reflected appraisals will result via the same process.

Control, which constitutes the second class of parental or significant other's behaviour outlined by the symbolic interactionists, may be offered in the form of induction or coercion. Induction refers to the voluntary revelation of the consequences of certain behaviours on the parents themselves as well as the children. Induction allows the children to

make their own decisions and to become confident in those decisions. Parents utilizing induction will attempt to induce voluntary decisions in their children. This is a process which leads to positive self-attributions and positive reflected appraisals. These positive self-attributions and reflected appraisals result in feelings of competency, trustworthiness and a sense of responsibility which aid in the development of self-efficacy and, consequently, positive self-esteem. Coercion refers to parental control which utilizes social status or physical strength differentials to elicit the desired behaviours. This type of control leads to feelings of incompetence and ineffectiveness in interacting with others and the environment, thus negative self-efficacy and low self-esteem.

As a child develops into adolescence the control by parents assists in the process of self-control by the adolescent. The cognitive abilities underlying the developmental sequence of self-control range from the concrete and absolute to a more qualified and variegated view of him/herself. The stages that an adolescent goes through to reach a more sophisticated level of self-control include control by caregivers, overt verbal control by the child, and, finally, covert control by the child. The bases for control also seem to change during development (Loevinger, 1976).

These bases include an impulsive stage (only on the basis of whether or not they will be rewarded or punished are the child's actions performed), a conformist stage (following rules because they are rules, or fear of disapproval from others), a conscientious stage which tends to last through the childhood to early adolescent years (controlling misbehaviour to avoid personal guilt rather than condemnation from others), and the autonomous stage which is commonly seen during adolescence (conflicting demands of social and personal needs are recognized during which time a realization that expressing personal opinions and impulses may be acceptable when others are not adversely affected in the process).

Measurement of Self-Esteem

The measurement of self-esteem has presented researchers and theorists throughout the past century with a complex, challenging and serious problem (Juhasz, 1985; Gecas, 1982). One of the primary reasons may be due to the difficulty in establishing a solid theoretical basis as a framework for evaluation. Despite this difficulty various types of measures have been developed and utilized. Two common modes of measuring self-esteem are self-report and observational measures.

According to Chui (1988) self-report measures are the most frequently utilized instruments for assessing overall and particular aspects of self-esteem. Self-report measures generally take the form of checklists or questionnaires. These instruments focus on statements of feelings about oneself. Evidence exists which provides validation of self-report instruments in measuring self-esteem. Chui (1988), for example, reviewed five self-report measures for school-age children and found that all possess adequate validity in measuring the evaluative aspect of the self. Demo (1985) examined the validity of two traditional self-report self-esteem questionnaires and found that these questionnaires are valid modes of measuring self-esteem.

Observational methods have also been shown to possess adequate validity in measuring self-esteem. According to Chui (1988) observational methods (e.g., peer, parent, teacher, observer ratings) provide an objective and accurate index of self-esteem. Savin-Williams and Jaquish (1981) conducted a series of studies to determine whether or not self-esteem can be accurately measured via observational measures. In their first study, randomly selected adolescent males were observed in natural settings to measure how they felt about themselves. These subjects were then asked to rate each other on perceived self-esteem. Results of this study revealed that both

observers and peers agreed on how the subjects presented themselves with regard to high or low self-esteem. A subsequent study was conducted (Savin-Williams & Jaquish, 1981) which revealed that a diverse and expanded adolescent population agreed with the authors on which behaviours signified high or low self-esteem.

Examination of the literature pertaining to the correlation of self-report and observational methods of measuring self-esteem reveals that these two types of methods do not correlate. Savin-Williams and Jaquish (1981) compared observer measures with self-report methods. Randomly selected adolescents were asked to complete two global self-report measures of self-esteem and participate in a time sampling technique which they labelled 'beeper self-reports'. The beeper self-reports involved rating their level of self-esteem, based on a list of 40 words selected from various self-esteem scales, for the duration of one week, 6-8 times daily on a random schedule. Results of this study revealed that self-report measures did not correlate significantly with observational measures.

To explain the inconsistency between self-report and observational methods, these researchers propose a moderator variable of defensiveness stating that self-report measures may reveal only what an adolescent is willing or able to share

concerning his or her self-evaluation. As with any self-report measure, some lack of precision must be accepted.

The possibility of presenting oneself in a favourable light may also explain the inconsistency between self-report and observational methods. One may argue that a measure of social desirability or a check on the tendency to present oneself in a good light, would enhance the validity of self-report measures; however, researchers (Kozma & Stones, 1988; McCrae & Costa, 1983; and Wrobel & Lacher, 1982) argue that a measure of social desirability does not improve the usefulness of measures being corrected (e.g., the prediction of criterion measures).

To explain the inconsistency between self-report and observational methods of measuring self-esteem Demo (1985) concluded that self-report and observational measures assess different aspects of self-esteem. He examined eight measures of self-esteem involving self-reports and ratings by others. Two traditional self-report measures and the beeper self-reports outlined by Savin-Williams and Jaquish (1981), peer and observer ratings as well as a personal interview were utilized in this study. Results revealed that the two traditional self-report measures assess aspects of the experienced self, whereas peer and observer ratings measure the presented self. According to researchers (Savin-Williams

& Jaquish, 1981) the self-report measure taps the 'experienced self' and draws upon information about the self that only the individual completing the questionnaire is able to answer, and observational measures draw upon the 'presented self'. Each type of measure is measuring a different aspect of self-esteem.

Some researchers assert that a combination of measures, including both self-report and observational methods, constitutes the most satisfactory mode of measuring self-esteem because it allows one to measure the experienced as well as the presented selves. Studies reveal, however, (e.g., Chui, 1988; Demo, 1985; and Savin-Williams & Jaquish, 1981) that self-report measures alone, are a valid means of measuring adolescent self-esteem.

Enhancement of Self-Esteem

Programs designed to enhance self-worth and self-esteem in adolescents operate on virtually the same principle: instruct the adolescent in new skills within an atmosphere of caring and trust. Typically, these programs are included in the curriculum as an additional and compulsory course requirement and are usually taught on a weekly basis for the entire length of the school year. These programs are taught with the use of work books, films, group discussions, role

playing, debates, brain-storming, and involvement of parents. Generally, such programs introduce ways to deal with problems that one encounters in life so that a good sense of self will be developed and maintained. These methods include instructions targeting both behaviours and cognitions. They involve various components of social skills such as communication, decision-making, problem-solving, and assertiveness. Also typically introduced are aspects of self-awareness which include the definition and expression of and influences on self-concept. Human sexuality, with regard to knowledge, decision-making, and attitudes toward, is generally an important component of these programs. Finally, an examination of interpersonal relationships which focuses on formation, fostering, and termination of friendships, dating, and family relationships, is emphasized.

Effectiveness of self-esteem enhancement programs. The effectiveness of programs aimed at modifying adolescents' image of their self and self worth has not been widely demonstrated. A few studies do exist. Holloway, Beuter and Duda (1988) examined the hypothesis that weight training would increase self-efficacy and that it would generalize to other areas of life and positively alter self-esteem. Female

volunteers from two high schools who were untrained in the sport of weight training were tested before and after participation in a 12 week program of strength training and were compared with nonactive and mildly active volunteer controls. All subjects were screened and assigned to a weight training group. Efficacy was measured with the Physical Self-Efficacy Scale, the Eating Disorder Inventory, and the Physical Strength and Self-Efficacy Test developed by the authors. Results for the treatment group revealed improvement in strength, weight training efficacy, confrontation efficacy, and total efficacy. These changes were related to positive changes in perceived physical ability, physical self-presentation confidence, and general effectiveness in life. The control group did not change significantly in any of these areas. The authors suggest that their findings provide preliminary support that weight training for strength can improve confidence in adolescent females and could provide a basis for a different therapeutic intervention for the enhancement of self-esteem. This study offers an interesting approach to the enhancement of self-esteem which should be further investigated in a more controlled fashion to determine it's usefulness.

Lamke, Lujan and Showalter (1988) developed, implemented and evaluated a cognitive-behavioral program designed to

change the self-statements of adolescents in an effort to enhance their self-esteem. Their subjects consisted of 27 ninth grade students, both male and female. Eighteen subjects constituted the experimental group and nine constituted the no-contact control group. Fourteen hours of training were given to the students in the experimental group. Both cognitive and behavioral components were incorporated in the sessions. This training was designed to modify their self-statements in such a way that they become more positive. Results of this study revealed an increase in positive self-statements by those students in the experimental group as compared with those students in the control group. These changes were obtained immediately following the intervention and at a three month follow-up. No significant changes in self-esteem were obtained.

Based on the results of the preceding two studies there is some evidence that self-esteem may be enhanced through improved physical competence but the modification of self-statements does not appear to result in either positive or negative alteration in adolescent self-esteem. I t i s difficult to generalize about the effectiveness of programs aimed at the enhancement of adolescent self-esteem because of the lack of evidence. This is an area that is in need of

further research. The present study attempts to make such a contribution.

Adolescence: Relationships and Sexuality

Recently, a program entitled 'Adolescence: Relationships and Sexuality' has been implemented in many schools in Newfoundland. The province of Newfoundland has a denominational education system. Most of the schools are under either the Integrated Education Council or the Roman Catholic Education Council. The integrated Schools Boards have all adopted the program; the Roman Catholic School Boards were considering the program, and meanwhile were pilot testing the program. The fact that the Roman Catholic School Board piloted the course during the past year afforded an excellent opportunity to compare the effects of the course with comparable students who are taking the standard program entitled 'Reverence For Life And Family: Catechesis in Sexuality'. The fact that an opportunity to evaluate an adolescent self-esteem program was available allowed the author to oblige an interest in adolescent self-esteem. Although the initiative to conduct the study was that of the author's, School Board officials, Principals of schools that have implemented the program, and teachers who have taught the

program have expressed considerable interest in an evaluation of the program.

'Adolescence: Relationships and Sexuality' focuses on the process of personal growth of adolescents at home and in the school. It was designed to teach grade nine students knowledge about sex, reproduction, birth control and sexually transmitted diseases in the context of teaching about self-concept, communications and interpersonal relationships. The goals of the interpersonal relationships instruction are to establish a climate in the classroom conducive to open discussion of sexual relationship issues and to enhance the interpersonal communication skills, assertiveness skills, and consequently the self-esteem of the participants. Because the program includes a sequence of class exercises in issues pertaining to social interactions, showing respect for each other, feeling good about themselves, as well as discussions to facilitate interpersonal sensitivity and self-esteem, it is expected that students completing the program will experience improved self-esteem.

Specifically, improved social self-esteem and level of assertiveness are expected as a result of exercises in communication, rights and responsibilities of the self and others, formation, fostering and termination of friendships, self-awareness of feelings, and assertiveness. Increased body

self-esteem is expected as a result of information sharing of physical changes during adolescence, expressions, attitudes, responsibilities, and values about the self, sexuality, and sexually transmitted diseases. Also, because less emphasis will be placed on the female students' particularly critical view of their physical self as a result of a fuller awareness of the self in terms of the value placed on interpersonal qualities over and above the value placed on the physical self, I expect increased body self-esteem. An increase in overall or global self-esteem is expected as a result of exercises in awareness and expression of self-concept in combination with the aforementioned components of the program.

The standard 'Reverence For Life and Family' program has as its goal instruction in Christian values about the family, sex, reproduction and interpersonal relationships. While the instruction of this program includes class discussion of these issues, it does not include directed exercises for enhancing interpersonal skills and self-esteem. It focuses on contemplating and examining the aforementioned issues within the context of becoming more aware of responsibility for unitive and procreative purposes, respect for human life, developing a Christian conscience, and life and family values. If the new 'Adolescence: Relationships and Sexuality' program

is achieving all of it's goals, students completing it are expected to show improved self-esteem relative to the 'Reverence For Life and Family' students. To test this expectation is the purpose of the present study.

METHOD

Subjects

Subjects consisted of 344 grade 9 students who are in a transitional year from a junior high school to a high school. The experimental group consisted of the 227 students who were enrolled in the 11 classes of the three schools in the St. John's area which were piloting the new 'Adolescence: Relationships and Sexuality' program in the fall of 1989. The control group consisted of 117 students constituting all the students in the grade 9 classes of three other Roman Catholic school selected to be demographically comparable to the schools of the experimental group. School Board policy prohibited social and economic data from being made available for accurate comparisons of the two samples. The choice of the comparison schools was made by a school board official acting on the request to match the schools for socio-economic levels of the populations served. Each of the schools actually serves varied populations, each has many students brought in from outlying communities. The schools comprising the control group had not implemented the program in the fall of 1989 but continued to teach the 'Reverence For Life and Family' program.

Measures

Four measures were utilized in this program evaluation. These measures were selected because it is expected that improved self-esteem may be manifested in several ways which may be assessed in terms of different components of self-concept.

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) was developed for use with adolescents and is utilized as an attempt to achieve a unidimensional indication of global self-esteem. The scale consists of ten items which are answered on a four-point scale which ranges from 'strongly agree' to 'strongly disagree'. Items contained in this scale include "All in all, I am inclined to feel that I am a failure" and "On the whole, I am satisfied with myself". Robinson and Shaver (1973) report that a split-half reliability of .92 was obtained. Validity correlations ranging from .56 to .83 were obtained by Silver and Tippet (1965) using clinical ratings and similar measures of self-esteem.

The Body Esteem Scale (Mendelson & White, 1982) measures body satisfaction in young adults. This scale consists of 28 items which require a 'yes' or 'no' answer. Questions contained in this inventory include "I think I am an attractive person" and "I am good at sports". Mendelson and White (1982) report a split-half reliability coefficient of

.85. Construct validity was also indicated by a significant Pearson product moment correlation of .67 between Body-Esteem and the 12 items relating to physical appearance and attributes that were obtained from the Piers-Harris children's Self-Concept Scale (Piers & Harris, 1969). Ten items (numbered 1,3,8,11,14,15,18,21,22,24) were selected from the Mendelson and White Body Esteem Scale on the basis of item-intercorrelations and age-related appropriateness. Use of this shortened version permitted completion in the available class time of all questionnaires administered. The shorter version was utilized by Leslie (1990) and found to have a Cronbach's alpha of .79 which is indicative of good internal consistency.

The Social Self-Esteem Inventory (Lawson, Marshall & McGrath, 1979) is a 30-item scale devised to measure perceptions of the self (i.e., confidence) in social situations. Items are answered using a six-point scale which indicates the extent to which each statement best describes the respondent. Items contained in this inventory include "I feel confident in social situations" and "I can hold people's interest easily". Validity was determined by initially choosing items selected for affirming high or low social self-esteem, then performing successive factor analyses to obtain a set of items with optimal item-total correlations. Re-test reliability over a four-week period indicated that the

instrument was highly reliable ($r=.88$). Ten items (numbered 1,5,6,7,9,13,16,21,23,27) from this inventory were selected and utilized on the basis of item-total intercorrelations and age-related appropriateness. Leslie (1990) found that the 10-item Social Self-Esteem Inventory had a Cronbach alpha of .84.

The Rathus Assertiveness Scale (Rathus, 1973) is a 30-item inventory designed to measure level of assertiveness. It requires respondents to specify how well each of the statements is characteristic of themselves on a six-point scale ranging from 'completely unlike me' to 'exactly like me'. Statements incorporated in this scale include "I have avoided asking questions for fear of sounding stupid" and "I have a hard time saying 'no'". Rathus (1973) reported test-retest reliability over a two month period ($r=.77$). He also reported findings of validity such as good correlations with external measures of assertiveness, $r=.33$ to $.62$ with relevant semantic differential rating scales, and $r=.70$ with rated assertiveness of responses to a set of hypothetical situations. Vaal and McCullagh (1975) reported test-retest reliability and indicated stability over a two-month period (30-item $r=.76$; 19-item $r=.83$). Ten items from this inventory (numbered 2,6,10,11,15,16,22,23,28,29) were selected and employed in this study on the basis of age-related appropriateness and item-total intercorrelations. The reason

the shortened version was utilized was to assure completion of all questionnaires administered in the time allotted.

Program

The program entitled 'Adolescence: Relationships and Sexuality' is a one-year program that consists of twice-weekly sessions. All sessions are taught on a teacher to classroom basis. The program consists of four units. The first unit, entitled 'Communications', deals with such issues as cooperation, values identification, self-awareness of feelings, patterns of communication, and a model for decision-making. The second unit entitled 'Self-Concept' involves issues such as self-awareness, media influences on self-concept, assertiveness training, and coping with stress. The third unit, 'Human Sexuality' focuses on physical changes, the reproductive systems of males and females, attitudes toward sexuality, sexual decision-making and responsibility, and sexually transmitted diseases. The last unit, 'Interpersonal Relationships' includes such issues as the formation, fostering, and termination of friendships, dating relationships, decision-making, and relationships, and relationships among family members.

Each of the four units requires student-teacher involvement. This includes group work, brainstorming,

decision-making, and problem-solving. All students are encouraged and required to participate. The program was implemented in each school by teachers who were selected as the most appropriate teacher to implement the program based on personal qualities and interest in the program. No additional data is available pertaining to the personal qualities and characteristics of the teachers. These teachers were instructed to teach the program in the standardized format by which it was initially intended to be taught. All students were provided with a workbook which contained outlines for many of the exercises so that adherence to the planned course was facilitated.

Parental involvement is strongly emphasized in the implementation of this program. Parents are asked to remain informed and involved in the program via discussing the topics covered in the program with their children at home, and attending the parent meeting before proceeding with the program.

The program to which the 'Adolescence: Relationships and Sexuality' program was compared is entitled 'Reverence For Life and Family: Catechesis in Sexuality'. The program is largely based on Christian attitudes, morals and values, and focuses on such issues as Christian marriage and family, self-esteem and intimacy, responsibility to relationships,

serious consequences of sexual activity, developing a Christian conscience, facing peer pressure, and life and family values. This program is taught in a similar manner to the 'Adolescence: Relationships and Sexuality' program. The 'Reverence for Life and Family Program' is comprised of two courses, one for the parents and the other for the students. Therefore, the parents, who view the materials first, are assisted in their responsibility as the prime educators of their children.

Design

The design of this study is a comparison of the experimental and control groups before and after the intervention of the program. A quasiexperimental design, a non-equivalent control group design (Campbell & Stanley, 1966) was employed in this program evaluation as subjects were not randomly selected or assigned to each of the two groups.

Procedure

Subjects in both the experimental and control groups were administered all four inventories in September, 1989. The 'Adolescence: Relationships and Sexuality' program was begun by the experimental group and the 'Reverence For Life and Family' program was begun by the control group in early

October, 1989 and the two concluded in May, 1990. Post program assessments utilizing the same measures as were used for the pre-test were obtained from both groups in June, 1990. Classroom teachers administered all inventories at both pre and post-tests. It was arranged with the teachers that students would be given the option to participate or not participate in the completion of the questionnaires. Those who wished not to participate were provided with an alternative activity.

RESULTS

To determine if the two programs had a differential effect on the experimental and control groups regression analysis of post scores on initial scores was conducted according to standard procedure for assessment of interaction effects as described by Kerlinger & Pedhazur (1973). Variable entry was simultaneous. This procedure permits tests of the significance of the interactions of the independent variables of group and sex with the outcome measures in addition to their main effects. The results obtained from the analysis for main effects are the same as that which would be obtained by the usual regression analysis; however, the interactions will permit the inference as to whether or not the treatment has different effects at different levels of the personality measures. The pre and post scores of the means for all dependent variables by group and sex are shown in Table 1.

To check the expectation that variability between schools would not account for group effects, several MANOVAs were completed. For the Experimental group schools, the differences between the scores of the three dependent measure post-scores were non-significant (Univariate F (2,150) RSE2 =1.64, SSSE2 =1.21, BSE2 =0.03, $p > .05$ in each case), and for the three Control group schools, the differences between the

Table 1

Means for RSE, SSE, BSE, and AGE by group, gender and time 1 and time 2 scores.

EXPERIMENTAL GROUP

	<u>Time 1</u>		<u>Time 2</u>	
	M	F	M	F
RSE	31.26	28.35	31.03	28.95
RAS	39.4	38.14	39.87	38.31
SSE	43.2	43.82	42.36	42.65
BSE	16.21	14.93	14.93	14.23
AGE	13.87	13.88	13.88	14.46

CONTROL GROUP

	<u>Time 1</u>		<u>Time 2</u>	
	M	F	M	F
RSE	30.69	28.6	29.7	29.32
RAS	40.51	37.12	41.12	37.64
SSE	44.3	44.98	42.84	43.75
BSE	16.48	14.96	15.47	14.52
AGE	14	13.93	14.61	14.51

three dependent measure post-scores were non-significant (Univariate F (2,108) RSE2 = 0.49, SSE2 = 2.04, BSE2 = 0.30, $p > .05$ in each case). The differences between the six schools on initial scores of the three dependent measures were found to be non-significant (F (5,150) RSE1 = 1.31, SSE1 = 0.63, BSE1 = 0.31, $p > .05$ in each case).

Rosenberg Self-Esteem Scale (RSE). Results of multiple regression analysis revealed no significant main effects for group or sex. The group by initial score interaction was significant ($F = 24.42$, $p < .05$), but neither the group by sex nor the initial score by sex interactions were significant (see Table 2). As can be seen in Figure 1 the interaction is disordinal, (i.e., the two regression lines cross within the observed range of scores). The bold line in Figure 1 shows a hypothetical correlation of 1.0, i.e., the same scores at post-test as at the initial test; reference to it clarifies the comparisons between the groups. Relative to scores obtained from subjects in the control group, scores obtained from those subjects in the experimental group whose initial scores were high decreased less at post-test. Correspondingly, scores obtained from those subjects in the experimental group whose scores were initially low, increased less at post-test.

Table 2

Regression analysis of RSE2 on RSE1 for experimental and control groups.

Variable	B	SE B	BETA	T	p
Group*Sex	.855650	.938507	.067291	.912	.3626
Initial	.651302	.077389	.652823	8.416	.0000
Initial*Sex	-.085584	.097422	-.287680	-.878	.3804
Initial*Group	-.202245	.101556	-.593208	-1.991	.0473
Group	4.854968	3.194393	.471758	1.520	.1296
Sex	2.125542	2.958567	.242570	.718	.4730
(Constant)	10.831520	2.435108		4.448	.0000
F= 24.42247	R SQUARE= .31888				

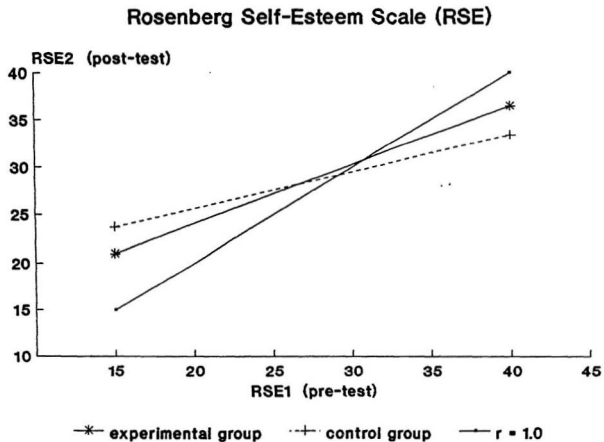


Figure 1. Regression of RSE2 on RSE1 for experimental and control groups.

The difference between the multiple R squares with and without the inclusion of the interaction $[(.319 - .303)]$ revealed that, although significant, the interactions account for a minute amount of the variance (1.6 %) in post-test scores.

Social Self-Esteem Inventory (SSE). Results of the multiple regression analysis revealed one significant main effect for group ($p < .02$). The group by initial score interaction was significant ($F = 22.43$, $p < .02$), however, neither the group by sex or the initial score by sex interactions were significant (see Table 2). As can be seen in Figure 2 the interaction is disordinal. The bold line in Figure 2 displays a hypothetical correlation of 1.0, i.e., the same scores at post-test as at the initial test; reference to it clarifies the comparisons between the two groups. Relative to the scores obtained from subjects in the control group, scores obtained from those subjects in the experimental group whose initial scores were high increased at post-test, and scores obtained from those subjects in the experimental group whose initial scores were low, decreased at post-test.

Further analysis of differences between multiple R squares with and without the inclusion of the interaction (.351-.336) revealed that the interaction accounts for only 1.5% of the variance in the post-test scores.

Social Self-Esteem Inventory (SSE)

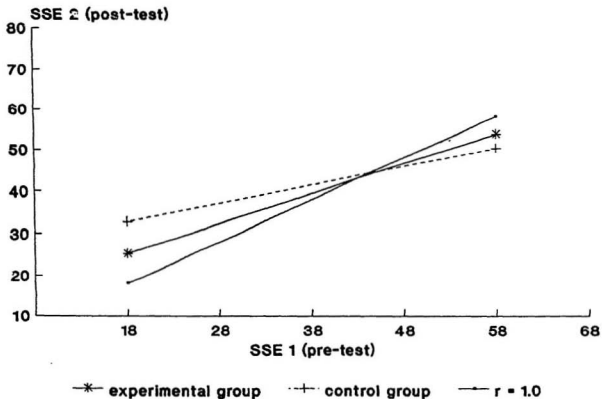


Figure 2. Regression of SSE2 ON SSE1 for experimental and control groups.

Rathus Assertiveness Scale (RAS). Regression analysis revealed no significant differences between groups from pre-test to post-test or between males and females from pre-test to post-test between the experimental and control groups. Thus, no significant findings were obtained from analysis of scores obtained from this measure.

Body Esteem Scale (BSE). Results of multiple regression analysis revealed no significant main effects for group or sex. The group by sex by initial score three-way interaction was significant ($F= 35.27, p<.02$). The group by sex two-way interaction was significant ($F= 35.27, p<.02$), however, neither the initial score by sex or initial score by group interactions were significant (see Table 3). The bold line in Figure 3 shows a hypothetical correlation of 1.0, i.e., the same scores at post-test as at the initial test; reference to it clarifies the comparisons between the two groups. The significant group by sex interaction reveals that the effects of the treatment depend upon which sex is considered. This two-way interaction must be regarded as part of the significant three-way interaction in that it depends upon whether the subjects' initial scores were high or low. There was an average decrease in BSE for both groups, this effect being greatest for high initial scorers and particularly for

Table 3

Regression analysis of SSE2 on SSE1 for experimental and control groups.

VARIABLE	B	SE B	BETA	T	p
Group*Sex	.495029	1.683809	.023427	.294	.7690
Initial	.673585	.079777	.650637	8.443	.0000
Sex	-1.495776	4.747066	-.102952	-.315	.7530
Group	12.121596	5.151128	.696208	2.353	.0194
Initial*Group	-.269155	.113793	-.706251	-2.365	.0188
Initial*Sex	.026096	.106827	.081351	.244	.8072
(Constant)	13.473174	3.519713		3.828	.0002

female subjects in the control group. Low initial scorers did not show decreased scores; the female control group subjects who were initially low on BSE actually showed increased scores.

Analysis of the difference between multiple R squares with and without the inclusion of the two-way interaction (.431-.402) revealed that the interaction accounted for 2.9% of the variance in the time two scores.

Table 4

Regression analysis of BSE2 on BSE1 for experimental and control groups.

VARIABLE	B	SE B	BETA	t	p
Group*Sex*Initial	-.524113	.220397	-1.111154	-2.378	.0180
Initial	.805006	.081259	.704273	9.907	.0000
Initial*Sex	.074425	.120345	.233516	.618	.5367
Initial*Group	-.136325	.160654	-.371648	-.849	.3968
Group*Sex	7.973289	3.512822	1.114344	2.270	.0239
Sex	-1.330136	1.902627	-.270010	-.699	.4850
Group	1.973860	2.660369	.337991	.742	.4587
(Constant)	2.571151	1.329031		1.935	.0539

Body Esteem Scale (BSE)

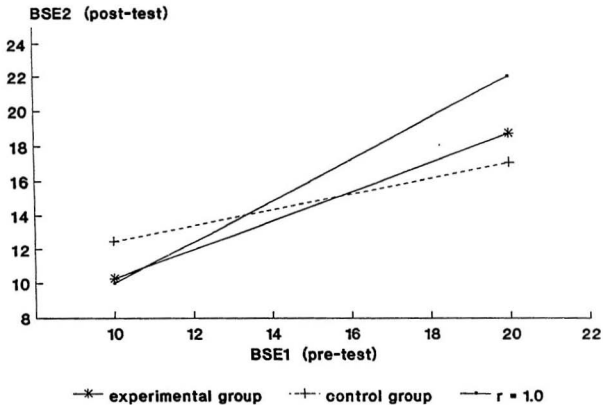


Figure 3. Regression of BSE2 ON BSE1 for experimental and control groups.

DISCUSSION

It was expected that students who participated in the 'Adolescence: Relationships and Sexuality' program would reveal increased scores on measures of self-esteem and social effectiveness from before to after the implementation of the program and those students who participated in the 'Reverence for Life and Family' program would reveal no increases in measures of self-esteem and social effectiveness from before to after the implementation of the program. Results reveal that neither group changed their average scores from time 1 to time 2 on any of the measures. However, a significant interaction effect was found. Results obtained from the RSE, SSE and BSE show that for the experimental group compared to the control group, high initial scorers scored relatively higher at post-test and low initial scorers scored relatively lower at post-test. This interaction effect indicates that those with initial high self-esteem scores benefitted by having the 'Adolescence: Relationships and Sexuality' program while those with low initial scores suffered. The actual effect, however, is minute, accounting for less than 3% of the variance in the self-esteem scores.

These results indicate that adolescent body, social and global self-esteem are not greatly affected by the programs

being examined in this study. Research reveals, however, that self-esteem of adolescents naturally increases throughout the adolescent years. According to McCarthy and Hoge (1982), longitudinal data collected from a large sample of adolescents originally tested in the 7th, 9th and 11th grades revealed significant increases in self-esteem when retested one year later. O'Malley and Backman (1983) provided additional evidence for increases in self-esteem during adolescence. In the current study it was found that the particular types of self-esteem examined did not show an average increase over the eight month period. This may be explained by the suggestion that the period of time between time 1 testing and time 2 testing was not long enough to reveal significant changes in self-esteem. O'Malley and Backman (1983) acquired post-data one year after initial data was collected and in the present study post-data were collected approximately 8 months after the initial data were collected.

One explanation of the fact that the 'Adolescence: Relationships and Sexuality' program did not result in significant changes in global or more specific aspects of self-esteem may be that the program was not specifically designed to enhance global and particular aspects of self-esteem. It was designed to teach grade nine students knowledge about sex, birth control, reproduction, and sexually

transmitted diseases in the context of instructing about interpersonal relationships. It was believed that after having taken the program, positive changes in self-esteem would be found because the specific goals of the program which include the enhancement of interpersonal communication skills and opportunity to participate in exercises such as communication, assertiveness, problem-solving, showing respect for oneself and each other, and interpersonal sensitivity, are critical components in the development, maintenance, and enhancement of global and particular aspects of self-esteem (Combs & Slaby, 1978; Lange & Jakubowski, 1978; Lerner & Karabenich, 1974; Openshaw, Rollins & Thomas, 1989; Pope, McHale & Craighead, 1988; and Schinke & Gilchrist, 1984). The lack of substantial findings may reveal a deficiency of specificity with regard to what was taught in the program and what was actually measured even though research reveals the importance of those components of the program in developing and maintaining a person's self-esteem.

The results may be examined from a different perspective. As Bednar, Wells and Peterson (1988) assert, clinically significant modifications to self-esteem are not likely to be made until interventions alter self-acceptance and the tendency to cope with, rather than avoid, difficult situations in life. The school programs, such as the one examined in

this study, may require more intense intervention strategies if statistically and clinically significant modifications are to be made. These more intense strategies, according to Bednar, Wells and Peterson (1988), may include identifying and labelling patterns of avoidance and self-evaluative thoughts and feelings, learning to cope with difficult and inevitable situations, and strengthening the disposition to cope.

Although it accounts for a small portion of the variance, the interaction effect deserves some discussion. Those who scored initially high on self-esteem presumably possessed adequate self-acceptance and coping skills and were, therefore, ready to deal with issues presented by the program which challenged them. Those students who scored initially low on self-esteem presumably possessed inadequate self-acceptance and coping skills and were not prepared for the challenge of the program. The low scorers may have felt their inadequacies exposed in class and consequently suffered loss of self-esteem. In order to meet such challenges, students with low self-esteem may need some preliminary assistance. The preliminary assistance could be from an additional stage in the program or from preliminary programs in earlier grades.

With respect to results obtained from the measure of body self-esteem, there exists an average decrease in body self-esteem for those in both groups whose initial scores were

high. This is not true for low initial scorers, however, as their scores remained virtually the same. It is only the female control group students whose post-test scores differed substantially. Their low scorers revealed improved body self-esteem and their high scorers showed decreased body self-esteem. In other words, if one was a female student having low body self-esteem, it was an advantage to have taken the Reverence for Life and Family program. It was a disadvantage to one's body self-esteem to have taken the Reverence for Life and Family program, however, if one's initial body self-esteem was high. The Adolescence: Relationships and Sexuality program appeared to have protected females with above average body self-esteem from declining in body self-esteem.

As body self-esteem may be intrinsically related to one's sexuality, the result that high initial scorers in the experimental group scored relatively higher at post test than did high initial scorers in the control group may be understood with respect to the mode with which each respective program was offered. The 'Adolescence: Relationships and Sexuality' program offered information pertaining to sexuality, pregnancy and birth control and each of these topics was freely discussed. For those who took the 'Reverence for Life and Family' course, however, minimal open discussion pertaining to these issues was offered. Teachers

who taught the 'Adolescence: Relationships and Sexuality' program were selected because of an interest in teaching adolescents about sexuality, and a feeling of comfort in leading discussions about sexuality. Some of those who taught the 'Reverence for Life and Family' course may have declined to instruct the new course because they may have felt uncomfortable with its explicit content. Because of this factor the programs may have varied in the level of open discussion achieved; the 'Adolescence: Relationships and Sexuality' program may have permitted the resolution of particular concerns pertaining to sexuality which may have resulted in a greater sense of self-acceptance, whereas particular concerns about sexuality may not have been addressed with those who took the 'Reverence for Life and Family' program which may have resulted in feelings of guilt, confusion, and a lack of acceptance of the self as a sexual being.

The fact that no significant findings were obtained from the scores on the RAS may be indicative of the relative priority of assertiveness in the program. Although assertiveness was included in the Adolescence: Relationships and Sexuality program it was a small component. It is a skill that requires more intense training and supervision.

Several recommendations for future outcome studies in this domain are offered. It would be useful to examine the effects of this program with regard to the acquisition of specific skills, attitudes, and values. These may include skills such as communication, decision-making, and relaxation training, and attitudes, knowledge, and values pertaining to sexuality, birth control, teenage pregnancy and sexually transmitted diseases.

Regarding the assertion that significant modifications to self-esteem are not likely to be made until preliminary assistance is offered, it may be advantageous to determine initial levels of self-esteem to provide students with the most appropriate intervention strategy for them. A determination of the range of nonsignificance of the interaction would reveal the precise level at which students would benefit or lose from a particular program.

A greater appreciation of the personality and teaching styles of the teachers who were chosen to teach each of the respective programs may provide an alternative mode for interpreting results. An interesting avenue for future research could involve the consideration of the effects of teacher characteristics in producing changes in students.

It would also be of interest to examine schools other than those with a Catholic orientation and residency in

Newfoundland to determine generalizability of results obtained. It would be valuable as well to examine the role of socioeconomic status in the effects of the programs examined in this study.

Summary

The results of this study must be examined in light of the fact that the effects account for less than 3% of the variance in the self-esteem scores. This implies that the implementation of neither the 'Adolescence: Relationships and Sexuality' program or the 'Reverence for Family and Life' program results in marked changes in global, body and social self-esteem in the sampled Newfoundland grade 9 students. To explain these results it may be taken into consideration that that program was not specifically designed to enhance global and particular aspects of self-esteem. According to researchers (Bedanr, Wells & Peterson, 1988; Powell & Jorgenson, 1985) to achieve improved self-esteem what is needed is a program that includes more intensive development of conceptual skills training that is extended over a longer period of time.

Adolescent self-esteem is an issue that deserves considerable attention. During this time of struggle and turmoil adolescents frequently have nowhere else to turn but

to teachers and authorities of this nature. The importance of parental support, control and nurturance cannot be stressed enough; but if this is not present, the responsibility lies in the hands of professionals to thoroughly examine factors that influence adolescents in today's society and also to provide them with the best opportunities for a healthy and fulfilling life. Perhaps the results of this study will assist in doing so.

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